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## REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTALO (PE

Mail Stop RCE Commissioner For Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

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Application Number:	10/619,161
Filing Date:	July 14, 2003
First Named Inventor:	Mary I. Grilliot et al
Group Art Unit:	2134
Examiner Name:	Jacob Lipman
Attorney Docket No.	MOR03334P02010US

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1.	amendi unless	ments ar applican	nd amer it instru	under 37 C.F.R. §1.114 Note: If the Indments enclosed with the RCE will cts otherwise. If applicant does not applicant must request non-entry or the Indian content of the India	be entered in the order in worder in word wish to have any previous	hich they were filed
	a.		Previously submitted. If a final Office Action is outstanding, any amendments filed after t final Office Action may be considered as a submission even if this box is not checked.			
		i.		Consider the arguments in the App	eal Brief or Reply Brief previo	ously filed
			_	on	W 1GANHAR VOUS/S1/60	NAGRACO 18613161
		ii.	<u> </u>	Other:	01 FC:1801	<del>790.00</del> OP
	b.	<u>⊠</u> .	Enclose	ed:	D1 +C21001	730.00 UP
		i.	ۃ	Amendment/Reply		
		ii.		Affidavit(s)/Declaration(s)		
2		iii.	<u>_</u>	Information Disclosure Statement	•	
•		iv.	<u></u>	Petition for Extension of Time		
-		٧.	므	Other:		•
2.	Miscel	laneous		pension of action on the above-ide (3(c) for a period of:	entified application is reques	sted under 37 CFR
	a.	<u> </u>	1.17(i)	months. (Period of suspension required)	shall not exceed 3 months.	Fee under 37 CFR
	h	П	Other	,		

3. **Fees.** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed. The filing fee has been calculated as shown below:

Sm	all	Enti	itv

Large Entity

					Siliali	illity		Laige	Littly
	For	Claims After Amendment	Highest Number Previously Paid For	Extra Claims	Rate	Fee		Rate	Fee
;	Basic Fee		' naya in a			\$395.00	OR		\$790.00
	Total Claims	8	12	0	x \$25.00	\$	OR	x \$50.00	\$
	Independent Claims	4	4	0	x \$100.00	\$	OR	x \$200.00	\$
	Multiple Dependent Claims				x \$180.00	\$ _	OR	x \$360.00	\$
					TOTAL	\$	OR	TOTAL	\$790.00

	a.	՛⊠	The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments, to Deposit Account No. 23-0785. I have enclosed a duplicate copy of this sheet.
		i.	□ RCE filing fee
		iii.	<ul> <li>         ■ Other Deficiencies in fees     </li> </ul>
	b.	<u>⊠</u>	A check in the amount of \$_790.00 to cover the fees is enclosed.
4.	Corre	sponde	nce Address: WOOD, PHILLIPS, KATZ, CLARK & MORTIMER
			Citigroup Center, Suite 3800 500 West Madison Street
			Chicago, Illinois 60661-2562
			Telephone: (312) 876-1800
			Facsimile: (312) 876-2020
			Customer Number: 32116
Date:	Sept	ember 10	0, 2007 Attorney's Signature
			Jeffery W. Fairchild, Reg. No. 37,825
			CERTIFICATE OF MAILING BY EXPRESS MAIL
enclo: to Ad	sed her dresse	ein, are t e" servic	nis Request For Continued Examination Transmittal and any other documents referred to as being deposited in an envelope with the United States Postal Service "Express Mail Post Office ce under 37 CFR 1.10 on the date indicated below and addressed to: Mail Stop RCE, tents, P.O. Box 1450, Alexandria, Virginia 22313-1450.
Eynre	es Mail	I ahel N	o : FV961940704 US

September 10, 2007

Karen A. Sanderson

Keier a. Gardeison

Date of Deposit:

Signature:

Typed/Printed Name of Person Signing: